**Appendix C**

**Application Cover Page**

**2019 Specialty Crop Block Grant Program**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Organization Information** | | | | | | |
| **Organization Name:** | |  | | | | |
| **PI Contact:** | |  | | | | |
| **Full Mailing Address:** | |  | | | | |
| **Phone:** |  | | | | **Fax:** |  |
| **Email:** |  | | | **Website:** | |  |
| **Organizational DUNS Number** | | | | |  | |
| **SAM.gov Registration Expiration Date (a screenshot of your active registration must also be provided)** | | | | |  | |
| **Project Information:** | | | | | | |
| **Project Title:** | | |  | | | |
| **Total Project Value:** | | |  | | | |
| **SCBG Amount Requested**: | | |  | | | |
| **Project Duration:** | | |  | | | |
| **Targeted Specialty Crop:** | | |  | | | |

**Signature of Organization Representative Title Date**

*By signing you are verifying the attached information is approved by the applying organization.*